

2006 FOXWOODS CASINO TRIP

(Please Print All Information, Signature Required Below)

Program Name: **FOXWOODS CASINO TRIP** Date of Session: **Sat. Feb. 18, 2006**

Time: **BUS DEPARTS 7:30am ; Back in ACTON 6:00 pm**

Participants Name: _____ Age: **18+ (under 18 must have parent or guardian)**

Address _____

Town _____ ZipCode _____

Email: _____ @ _____ . _____
(note: email addresses will not be distributed-they are for class notifications)

Parent/Guardian (if registrant is under age 18) _____

Telephone
(Home) _____ (Work) _____ (Emergency) _____

SPECIAL ACCOMMODATIONS: In order to enhance participation, please identify any special accommodations needed: _____

I agree to hold harmless the Town of Acton and/or its employees from claims or liability related to any accident that may occur. I give permission for medical treatment to be given if the need arises.

Signature of Class Participant or (Parent/Guardian if under age 18) _____ Date _____

Classes payable by cash or check. Checks Payable to: Town of Acton
Mail form and check to: Recreation Department, 472 Main Street, Acton, MA 01720
Recreation Department Phone Number 978-264-9608 ext. 0

Amount Enclosed: _____

